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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/881,104			
Filing Date	06/15/2001			
First Named Inventor	Kiril A. Pandelisev			
Art Unit	2884			
Examiner Name	Gagliardi, Albert J			
Attorney Docket Number	Phoenix Scientific			

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and									
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are:									
The applicant has asked for the return of his files to transfer to another patent attorney.									
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The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to:									
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OR Eight									
X Firm or Individual Name	Dr. Kiril A. Pandelisev, President								
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Country	USA	!!		<u> </u>					
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Signature	WAG	· · · · · · · · · · · · · · · · · · ·	<u>-</u>						
Name James C.			Registration No.	22,693					
Date 12/6/200	6		Telephone No.	703-442-4800					
NOTE: Withdrawal is effective whe	n approved rather than when received. L	Inless there are at le	ast 30 days between approval	of withdrawal and the expiration					

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